

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD
1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007
PHONE (602) 364-1PET (1738) FAX (602) 364-1039
VETBOARD.AZ.GOV

COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a
separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: May 3, 2018

Case Number: 18-107

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: James Crawford

Premise Name: So. Arizona Veterinary Specialty + Emergency Center

Premise Address: 7474 E. Broadway Blvd.

City: Tucson State: AZ Zip Code: 85710

Telephone: (520) 888-3177

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: Gail A. Ives

Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

Home Telephone: [REDACTED] Cell Telephone: [REDACTED]

*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

MAY 03 2018

BY: [REDACTED]

C. PATIENT INFORMATION (1):

Name: Susan

Breed/Species: Basset Hound

Age: 13 Sex: F Color: TRI

PATIENT INFORMATION (2):

Name: _____

Breed/Species: _____

Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

Christopher Coverdill, VCA Valley Animal Hospital, 4984 E. 22nd St. Tucson, AZ 85711; (520)748-0331

Randy Eberhard (Retired), Catalina Pet Hospital, 3925 E. Ft. Lowell Rd, Ste. 107, Tucson, AZ 85712;
(520) 795-4612

Sara Erlichman and Shannon Cochran, So. Arizona Veterinary Specialty & Emergency Center,
7474 E. Broadway, Tucson, AZ 85710; (520) 888-3177

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

Names of personnel on duty with Dr. Crawford were not provided to me.

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: Gail A. Ives

Date: 1 May 2017

F. ALLEGATIONS and/or CONCERNS:

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

On December 31, 2017, I brought my basset hound, Susan, to Southern Veterinary Specialty and Emergency Center to be treated for a laryngeal spasm. Dr. James Crawford was the veterinarian on duty. This was Susan's third visit to the same clinic. On the two previous occasions, when she received the proper treatment, she made a quick and full recovery.

About 40 minutes after arriving at the clinic, a vet tech(?) carried Susan into the exam room, placed her on the floor and said she was quieting down and could recover in the exam room with me. However, Susan was still in respiratory stridor. I told the vet tech that Susan needed oxygen and he told me that she "wasn't interested." I told him to take her back and give her oxygen. About 15 minutes later, I was informed by Dr. Crawford, that Susan wasn't responding and that they were shorthanded and he couldn't keep a tech administering oxygen to her. He did not have a mask on her, but rather had the tech using flow by oxygen. He placed Susan in an oxygen kennel while I tried to contact my family.

I later found out that Dr. Crawford had not used an IV and had administered a mere 0.01 ml 10mg acepromazine and did not offer oxygen therapy.

I contacted the owners of the emergency center to express my displeasure with Dr. Crawford's minimal treatment of an animal in obvious distress. Their response was to have a manager contact me and try to justify Dr. Crawford's actions.

It seems that Dr. Crawford's misguided thinking was that one low injection of acepromazine was enough to stabilize Susan. I am at a loss as to what he was thinking. Not immediately using an IV to administer a higher dose of acepromazine and giving her oxygen, put her through unnecessary suffering.

I realize that it's possible, but not likely, that the result for Susan might have been the same even if Dr. Crawford had given her excellent care. However, his cavalier attitude and maltreatment were uncalled for and I feel strongly that if Susan had been given the correct treatment, she would not have died that day.

12 February 2018

Dr. Reuben Merideth & Dr. Mary Kay Klein
Southern Arizona Veterinary Specialty & Emergency Center
141 E. Ft. Lowell Road
Tucson, Arizona 85705

Doctors:

I'm not sure what your motivation was for having Sue contact me. If it was to convince me that Dr. Crawford did an excellent job of treating Susan, she failed. If it was to upset me and cause added stress, she did an excellent job!

I did not contact you expecting an apology or an admission of bad judgment or any compassion. I'm not that naïve. I merely wanted to bring to your attention Dr. Crawford's substandard treatment in the hope that he would at least be counseled. (Maybe I am that naïve after all.)

I did not expect to be called and lied to.

Sue insinuated that Susan was given oxygen shortly after her arrival. Not true. She was not given oxygen until almost an hour after her arrival.

Sue pointed out that an IV wasn't the only method of administering drugs. True, but it is the optimal way, especially for a dog in obvious distress. And at that, Dr. Crawford administered a mere .01ml of acepromazine.

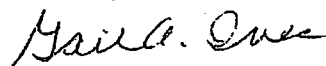
Sue said that Susan was merely panting, instead of gasping for air. Even if everybody in the room was deaf, and couldn't hear the distinctive sound of a laryngeal spasm, one look at the movement of her rib cage alone, should have been enough for a reasonable person to know that this movement is not indicative of panting.

She said that we requested that Susan be "heavily sedated" before we took her home. Once again, not true. We DID NOT ask Susan be given any level of sedation. We asked that the IV be left in and were told that there was no IV. We then asked if an IV could be inserted. Our purpose was to save time and have Susan euthanized as soon as we got her home. I cannot stress strongly enough that we DID NOT ask for any amount of sedation. Whoever made that statement just out and out lied.

I did not want to hear about how much experience your staff members have. Experience doesn't equate to competence. I've had over 50 years of driving experience. That doesn't necessarily make me good at it.

I know that the first commandment of all medical professions is to never acknowledge wrongdoing or a lapse of judgment. I also know that you know that Dr. Crawford didn't give Susan optimal treatment and that he could have, and should have, done better.

Sincerely,



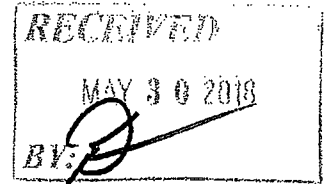
GAIL A. IVES



SOUTHERN ARIZONA VETERINARY
SPECIALTY & EMERGENCY CENTER

May 29, 2018

Arizona State Veterinary Medical Examining Board
1740 W. Adams Street, Ste 4600
Phoenix, AZ 85007



RE: 18-107 In Re: James Crawford DVM

Dear Sir or Madam:

Thank you for the opportunity to respond to the above-referenced request for investigation. Additionally, thank you for granting an extension for response to this request, as I was out of town for an extended period on the day after I received the notice of investigation in the mail. Following is a narrative of the events from my perspective regarding this case. Included are copies of pertinent medical records and other documents relating to the treatment of patient "Susan."

On December 31, 2017, Susan, an approximately 13 year old FS Basset Hound presented to Emergency Service for dyspnea secondary to laryngeal paralysis.

Susan was immediately transferred to the treatment area of the hospital where I conducted a brief triage exam and reviewed her previous medical history.

I contacted Ms. Ives in the exam room. She requested that we try giving Susan sedation to see whether her laryngeal spasms would resolve. Susan was previously evaluated on Emergency Service on 12/11/17 for similar clinical signs, and her laryngeal spasms quickly resolved with administration of acepromazine, dexamethasone SP and flow-by oxygen.

I treated Susan with acepromazine 10 mg/mL, 0.02 mL IV, followed by butorphanol 10 mg/mL, 0.4 mL SQ, and dexamethasone SP 8.0 mg IV. (Please note that my type-written case summary (pages 12-13 reflects that Susan received 0.01 mL of acepromazine, while my "working sheet" (pages 10-11) reflect that I had ordered 0.02 mL of acepromazine. The 0.01 mL reflected in the type-written case summary is likely a typographical error).

Susan was maintained on flow-by oxygen between the administrations of acepromazine and butorphanol (approximately 20 minutes apart). Susan's dyspnea did not appear to improve. I administered the dexamethasone SP (8.0 mg) IV and placed Susan in the oxygen kennel at 35% saturation.

I apprised Ms. Ives of Susan's clinical status, and expressed concerns that her dyspnea did not appear to be improving. I apprised Ms. Ives that we had placed Susan in the oxygen kennel pending discussion and decision as to further treatments. As the requested



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SPECIALTY & EMERGENCY CENTER

sedation did not appear to be having the desired effect, I recommended overnight hospitalization to include sedation for placement of a nasal oxygen cannula, or continued oxygen kennel therapy, and continued monitoring, anxiolytics, and other needed treatments based on Susan's response to treatment. Ms. Ives appeared to understand the gravity of Susan's clinical status, but was reluctant to hospitalize her. I discussed my reluctance to send her home in her current condition, and recommended humane euthanasia if she elected not to pursue more aggressive treatment with Susan. I told Ms. Ives we could keep Susan in the oxygen kennel while she considered her options. To the best of my recollection, this was the last communication I had directly with Ms. Ives.

Subsequently, technician Sarah Draxler informed me that Ms. Ives was requesting that I place an IV catheter in Susan and sedate her with diazepam so that Ms. Ives could take her home for euthanasia by a non-veterinary professional. CVT Oster spoke with Ms. Ives and explained to her that we could not place an IVC and send Susan home in anticipation that a non-veterinary professional would perform euthanasia at home. I authorized CVT Oster to administer Susan 6.0 mg of diazepam IV, without placing an IV catheter, and requested that she sign an Against Medical Advice release if her intention was to take Susan home without further treatment.

The following documents are attached:

Pages 1-6: Request for investigation submitted by Ms. Ives

Page 7-9: Dr. Crawford's letter including narrative of events for patient Susan

Pages 10-11: Initial intake sheet for patient Susan dated 12/31/17 (front and back, with transcription)

Pages 12-13: typewritten case summary prepared by Dr. Crawford on 12/31/17

Page 14: Against Medical Advice release signed by Ms. Ives on 12/31/17

Page 15-15A: Controlled substance log for diazepam; highlighted portion transcribed

Page 16: Invoice history for patient Susan

Page 17: Invoice for services provided to patient Susan on December 31, 2017.

Page 18: Copy of client communication modules encompassing 12/7/17 through 5/11/18, including Sara Draxler's narrative of events dated 12/31/18

Page 19: Communication sheet prepared by Sara Oster dated 1/1/18

Page 20: Copy of e-mail from Sarah Oster to Sue Frey (hospital administrator) dated 5/24/18



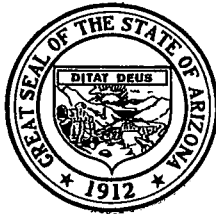
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Page 21-21A: Copy of handwritten communications sheet from patient Susan's medical record, encompassing 12/12/17 through 1/7/18 (transcribed).

Do not hesitate to call me if you require additional information.

Sincerely,

James A. Crawford, DVM



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INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: AM Investigative Committee: Robert Kritsberg, D.V.M. - Chair
Ryan Ainsworth, D.V.M.
Christina Tran, D.V.M.
Mary Williams
Carolyn Ratajack

STAFF PRESENT: Tracy A. Riendeau, CVT – Investigations
Michael Raine, Assistant Attorney General

RE: Case: 18-107

Complainant(s): Gail Ives

Respondent(s): James Crawford, DVM (License: 5018)

SUMMARY:

Complaint Received at Board Office: 5/3/18

Committee Discussion: 9/11/18

Board IIR: 10/17/18

APPLICABLE STATUTES AND RULES:

Laws as Amended July 2014

(Salmon); Rules as Revised September 2013 (Yellow).

On December 31, 2017, "Susan," a 13-year-old female Bassett Hound was presented to Respondent on emergency due to dyspnea secondary to laryngeal paralysis. The dog was treated with acepromazine, butorphanol, dexamethasone and oxygen. The dog did not improve and Respondent offered hospitalization or humane euthanasia. Complainant elected to take the dog home against medical advice.

Complainant contends Respondent was negligent in the care of the dog.

Complainant was noticed and appeared telephonically.

Respondent was noticed and appeared with counsel, Reed Campbell.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: *Gail Ives*
- Respondent(s) narrative/medical record: *James Crawford, DVM*
- Consulting Veterinarian(s) narrative/medical record: *Christopher Coverdill, DVM – VCA Valley Animal Hospital and Emergency Center.*

PROPOSED 'FINDINGS of FACT':

1. On December 31, 2017, the dog was presented to Respondent on emergency for dyspnea secondary to laryngeal paralysis. Complainant reported that the dog was having trouble breathing for approximately 25 minutes. The dog was on Trazadone twice a day and she was not currently administering acepromazine tablets. The dog was triaged; weight = 20.5kg, temperature = 101.9 degrees, heart rate = 110bpm and a respiration rate = 40rpm.
2. Respondent met with Complainant who suggested trying sedation to see if the laryngeal spasms would resolve as they did in the past. Respondent noted in the dog's history that on 12/11/17 that dog's symptoms quickly resolved with the administration of acepromazine, dexamethasone and oxygen.
3. Respondent stated the dog was administered acepromazine 10mg/mL, 0.02mL IV as indicated in the hand-written medical record. The type-written record indicates acepromazine 10mg/mL 0.01mLs was administered – Respondent stated that this was a typo error. Approximately 20 minutes later the dog was administered butorphanol 10mg/mL, 0.4mL SQ. Respondent stated that the dog's dyspnea did not improve therefore he administered dexamethasone sodium phosphate 8mg IV and placed the dog in the oxygen kennel.
4. According to Complainant, after approximately 40 minutes after arriving at the premise, a staff member carried the dog into the exam room stating the dog was quieting down and she could recover with Complainant. Complainant could see the dog was still in respiratory stridor and asked the staff member to take the dog back and give her oxygen. Approximately 15 minutes later, Respondent informed her that the dog was not responding and they were short-handed therefore a staff member could not keep administering oxygen to the dog using flow by oxygen. The dog was then placed in an oxygen kennel while Complainant contacted her family.
5. Respondent stated that he recommended hospitalizing the dog overnight for sedation and placement of a nasal oxygen cannula, or continued oxygen kennel therapy, monitoring, anxiolytics and other treatments as needed based on the dog's response. Complainant was reluctant to hospitalize the dog and Respondent discussed his reluctance to send the dog home in her current condition, and recommended humane euthanasia if Complainant did not want to pursue more aggressive treatment.
6. According to Respondent, Complainant requested staff to have an IV catheter placed and sedate her with diazepam so that the dog could be taken home for euthanasia by a non-veterinary professional. The request was declined but Respondent authorized his technical staff to administer the dog 6mg of diazepam IV without placing an IV catheter. He further requested Complainant sign an Against Medical Advice release if her intention was to take the dog home without further treatment. Complainant signed the form and the dog was discharged.
7. According to Complainant, she requested an IV catheter be placed to save time and have the dog euthanized as soon as they got the dog home and that they did not ask that the dog be sedated. Complainant was upset that the dog was only given 0.01mLs of 10mg/mL acepromazine that an IV catheter was not placed and oxygen therapy was not offered. She

believes that if the dog was given the correct treatment, she would not have died that day.

COMMITTEE DISCUSSION:

The Committee discussed that the dog was presented on an emergency basis, Respondent provided adequate treatment, and the dog did not improve. Hospitalization was recommended but declined by Complainant; Complainant signed an Against Medical Advice form and took the dog home to be euthanized.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that no violations of the *Veterinary Practice Act* occurred.

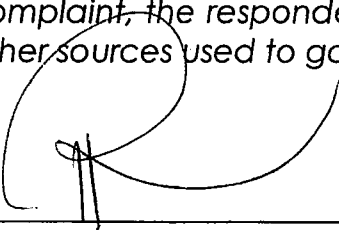
COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board:

Dismiss this issue with no violation.

Vote: The motion was approved with a vote of 5 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.



Tracy A. Riendeau, CVT
Investigative Division